Medical History - Hostel and Nursing Home Residents

The Village Dentist

This form must be completed by a GP or RN at the residential aged care facility, alternatively print an existing medical summary or diagnosis list and a copy of current medication list for dentist use.

Residential Aged Care Facility

Phone Number | Email

Patient Name | Date of birth

Current medications

Allergies **YES** **NO** Specify

Patient Disability ☐ **Physical** ☐ **Intellectual** ☐ **Psychiatric / Behavioral**

☐ **Dementia / Neurodegenerative** ☐ **Developmental**

HAS THE PATIENT HAD OR HAVE THEY EVER HAD THE FOLLOWING? (PLEASE CIRCLE YES OR NO)		
High blood pressure	**YES**	**NO**
Heart condition (Rheumatic fever, valve replacement, heart surgery)	**YES**	**NO**
Central nervous system e.g. strokes, shunts	**YES**	**NO**
Have you been advised to take antibiotics prior to dental treatment	**YES**	**NO**
Hip, knee or other joint replacement in the last 12 months	**YES**	**NO**
Lung disease, Asthma, chest problems	**YES**	**NO**
Blood or bleeding problems	**YES**	**NO**
Diabetes / Thyroid	**YES**	**NO**
Liver / kidney disease (e.g. hepatitis)	**YES**	**NO**
Gastrointestinal	**YES**	**NO**
Epilepsy / fits / seizures	**YES**	**NO**
Cancer (chemotherapy / radiotherapy)	**YES**	**NO**
Immune system disorders (e.g. HIV, chronic fatigue)	**YES**	**NO**
Complications with local analgesia or general anaesthetic	**YES**	**NO**
Any serious operation, illness or stay in hospital longer than 1 month	**YES**	**NO**
Infectious diseases e.g. hepatitis, MRSA, Tuberculosis, CSJ, other	**YES**	**NO**
Mobility / balance problems (if yes please complete mobility form)	**YES**	**NO**
Special diet	**YES**	**NO**

If yes for any of the above please provide details

Signature | Date

Dental Notes

(For office use only)

The Village Dentist

Date	Details